

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320
(916) 739-2501March 12, 1991
CMSP Letter #91-6

TO: All County Medical Services Program County Welfare Directors

SUBJECT: PROPOSED CMSP ELIGIBILITY DETERMINATION CHANGES

The Eligibility Subcommittee of the Small County Advisory Committee (SCAC) to the County Medical Services Program (CMSP) has developed several suggested changes to the CMSP eligibility determination process. These proposed changes (Enclosures A, B, and C) were developed in response to requests from several CMSP counties in order to create a more meaningful and relevant eligibility process without compromising the fiscal integrity of the CMSP. The SCAC has requested that you review and comment on these proposals by March 31, 1991. Please forward your written responses to the following address:

Department of Health Services
County Health Services Branch
714 P Street, Room 523
P.O. Box 942732
Sacramento, CA 94234-7320
ATTN: Albert Cooper

If you have any questions regarding this letter or its enclosures, please contact Mr. Al Cooper at (916) 739-3141.

Sincerely,

A handwritten signature in cursive script that reads 'Jim Martinez'.

Jim Martinez, Chief
County Medical Services Program

Enclosures

cc: See next page

All County Medical Services Program County Welfare Directors
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cc: CMSP contact persons

Mr. Al Cooper
County Medical Services Section
Department of Health Services
714 P Street, Room 523
P.O. Box 942732
Sacramento, CA 94234-7320

Attachment A

SUGGESTED CMSP ELIGIBILITY CHANGE #1

1. Area Impacted: Status Report
2. Description of Proposed Change: Currently a monthly status report is required for all CMSP cases. This change would require a monthly or quarterly status report (at county option) for CMSP share of cost cases and a status report for all other cases every 6 months.
3. Why Change Should be Adopted: The CMSP conducted a status report survey to determine the number of changes reported which resulted in ineligibility and/or changes in share of cost. The results indicated that while changes in income which altered a share of cost were routinely reported, no changes were reported which resulted in ineligibility. Further, cases discontinued for not returning a status report were either immediately restored or never heard from again. The conclusion that a blanket status report requirement "saved" money was not validated.

4. Pros and Cons:

Pros:

Eliminates meaningless bureaucratic activity.

Saved time can be redirected.

Focuses emphasis on cases where change is likely.

Change can be effected swiftly, maximizing impact.

Reduced costs (postage, overhead).

No increase in CMSP caseload.

No increase in CMSP program costs.

Cons:

Changes in non soc cases may not be detected for 5 months

Change may be difficult to program.

5. Actions Required:

SCAC recommendation.

State approval.

Eligibility manual change.

Forms change/new form.

County systems change.

6. Costs and Savings:

Implementation Cost \$0

Program Cost \$0

Postage Savings \$43K monthly option

(2700 Soc cases/month) \$47K quarterly option

Other Savings Varies by county, linked to overhead costs, salary structure, and
which level performs activity.

Attachment B

SUGGESTED CMSP ELIGIBILITY CHANGE #2

1. Area Impacted: Annual Redetermination
2. Description of Proposed Change: Currently a face to face interview is mandatory for all CMSP cases at redetermination. This change would make the face to face interview at redetermination optional.
3. Why Change Should be Adopted: Scheduling, rescheduling, and conducting a face to face interview is time consuming and not universally cost effective. The ABD Medi-Cal population does not have a face to face requirement, in part because they are a stable population. A similar argument could be made for the CMSP population in that they have minimal assets.

4. Pros and Cons:

Pros:

Counties maintain option to conduct face to face.
No increase in CMSP caseload.
No increase in CMSP program costs.
Saved time can be redirected.
Change can be effected swiftly, maximizing impact.

Cons:

May not be universally applied.

5. Actions Required:

SCAC recommendation.
State approval.
Eligibility manual change.

6. Costs and Savings:

Implementation Cost	\$0
Program Cost	\$0

Savings	Varies by county, linked to overhead costs, salary structure, and whether county exercises option
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SUGGESTED CMSP ELIGIBILITY CHANGE #3

1. Area Impacted: Eligibility Determination Process
2. Description of Proposed Change: Currently the CMSP has no provision for categorical eligibility. This type of eligibility exists in Medi-Cal for persons eligible for cash assistance programs such as AFDC and SSI/SSP. This change would give counties the option of using an abbreviated CMSP eligibility determination process for persons approved for county General Relief (GR), also known as General Assistance (GA), cash payments. If such an approved person requested Medi-Cal assistance, the person could be placed on the CMSP after completing CMSP Forms 13, 210, 216, 217, and 1153. The county would still be required to develop any potential third party coverage and/or Medi-Cal linkage.
3. Why Change Should be Adopted: GR (GA) recipients have income assets well below the CMSP income/property limits. They must be residents of the county. Since county general funds are used for the cash payments, counties are extremely diligent and careful in their eligibility determinations. Now, all GR (GA) recipients are eligible for the CMSP if they apply. A separate application process for the CMSP serves no purpose.

4. Pros and Cons:

Pros:

Eliminates meaningless bureaucratic activity.
Saved time can be redirected.
No increase in CMSP caseload.
No increase in CMSP program costs.
Counties maintain option to participate.

Cons:

None

5. Actions Required:

SCAC recommendation.
State approval.
Eligibility manual change.

6. Costs and Savings:

Costs	\$0
Savings	Varies by county, linked to overhead costs, salary structure, and whether county exercises option
Savings	Varies by county, linked to overhead costs, salary structure, and whether county exercises option